

Orthognathic Surgery: the princess of maxillofacial surgery

In spite of **Maxillo-Facial Surgery** apparently seeming to be confined to a limited area of intervention – head and neck – the truth is that the specifications of its reach are extensive, with a view towards recovery and rehabilitation of various functions such as chewing, breathing, speech, pain and aesthetics:

- **Oral cavity** – cysts, impacted teeth, jaw bone atrophy, benign and malignant tumours;
- **Face** – jaws and soft structures of the face, e.g. congenital alterations and development of the face such as malformations, protruding jaw, receding chin, facial asymmetry, as well as all types of traumatology;
- **Cervical area** – salivary gland disorders (parotid, sub-maxillary) such as tumours, calculus, inflammations;
- **Aesthetic surgery** of the face and neck

Among the various craniomaxillofacial surgical techniques, one that has developed most in recent years is Orthognathic Surgery. This involves treatment protocols to alter the positioning of the jawbone (dentofa-

cial deformities), due to bad position of the teeth (dental occlusion), facial aesthetic and airways (respiration).

Treatment for dentofacial deformities must be carried out by a highly specialised team of various health professionals: **Maxillo-Facial Surgeon, Orthodontist, Physiotherapist and Speech Therapist**. These professionals will guarantee a symmetrical facial aesthetic result, better functioning of the dental structures and stability of the temporomandibular joint (joint between the mandibular and maxilla), as well as the functionality of the airway, with obstructive sleep apnoea being one of its indications.

The aesthetic parameters focus on: the nose, eyebrows, smile line, teeth and gum exposure, factors that together determine the “personality of the face”.

About 25% to 30% of the population has a variable degree of facial alteration, of which 50% will, eventually, seek Orthognathic Surgical treatment. Up until a short time ago, these surgical procedures were quite traumatic, undertaken almost exclusively in extreme cases. Nowadays, surgical technique evolution and

anaesthetics, as well as the materials available, result in a shorter post-operative recovery period and hospital stay, which justifies this type of surgery for a greater number of people, including those merely wanting to improve their appearance.

It is also important to explain that despite the nonexistence of a fixed protocol, equal and ideal for all cases, the majority need to previously undergo orthodontic treatment (braces), to facilitate the correct positioning of the teeth before surgery. In other cases, it is possible to proceed with the surgery first and resort to orthodontic treatment afterwards, if necessary.

As previously mentioned, orthodontics has an important role to play in Orthognathic before, during and after surgery, and its main goals are:

- To increase the final result of the surgery through treatment of the maxillary discrepancies and Bolton analysis;
- Simplification of the surgery by prognosis of the position of the teeth;
- Optimisation of the surgery by previous elimination of dental discrepancies;



- To guarantee the best possible retainer.

In this way, the orthodontist and the surgeon must work in close harmony in the diagnosis and planning of the orthodontic-surgical approach, for which the first decision includes the option of the treatment to follow: exclusively orthodontic, orthodontic-orthopaedic or orthodontic-surgical. For children, exclusively orthodontic treatment can modify or influence growth, thus reducing the need for surgical treatments. In adults, when growth is complete, orthodontic-surgical treatment is often the best and only option.

The **HPA Health Group** has a team of **maxilla-facial surgeons** with different skills in various areas of intervention in this area, namely Orthognathic Surgery.

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